

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036627

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 439

FILED SEP 27 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN & HOSPITAL		d. STREET ADDRESS 1112 N. OSAGE	

3. NAME OF DECEASED (Type or print) First VINCL Middle F. Last ROGERS	4. DATE OF DEATH Month SEPT. Day 20 Year 1963
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-26-1897	9. AGE (last birthday) 66	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN	10b. KIND OF BUSINESS OR INDUSTRY KANSA CITY SCHOOLS	11. BIRTHPLACE (City and state or country) TRENTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FRANK ROGERS	13b. MOTHER'S MAIDEN NAME ANNA COMBS	14. NAME OF HUSBAND OR WIFE ETHEL R. ROGERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT ETHEL R. ROGERS 1112 N. OSAGE INDEP. MO.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 + 1/2 months</i>
DUE TO (b) <i>Pneumonia of the pancreas</i>		<i>1 1/2 years</i>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from April 1962 to September 20, 1963 and last saw her alive on September 20, 1963. Death occurred at 6:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>MD</i>	22b. ADDRESS 10501 Winner Rd. Wdy. Mo	22c. DATE SIGNED 9/20/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-24-1963	23c. NAME OF CEMETERY OR CREMATORY OAK RIDGE MEMORY GARDENS	23d. LOCATION (City, town, or county) INDEPENDENCE, MO. (State)
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24. FUNERAL DIRECTOR GEO. C. CARSON ADDRESS INDEPENDENCE, MO	25. DATE RECD. BY LOCAL REG. 9-23-63	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 27 1963

OCT 10 1963

OCT 1 1963

FEB 2 1964

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2002

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9-23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. Harned Patterson*

Licensed Embalmer No. 4697

P. O. Address *Indy 310*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.